MOUNTAIN WEST IRA

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Boise, ID 83713
Phone: (208) 314-2750
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PAYMENT AUTHORIZATION LETTER

Fields marked with an * are required.

1. ACCOUNT INFORMATION

Account Holder's Name*:	Account Number:

2. EXPENSE INFORMATION*

I hereby authorize and direct the Administrator and/or Custodian to make the following recurring payments for my account:

☐ Check to Approve Expenses for All Assets ☐ Check to Approve All Invoiced Expenses

OR

Asset Description/Property Address: _____ **Ownership Percentage:** _____

Check for Select Expenses: ☐ HOA Dues ☐ Mortgage ☐ Repairs/Improvements ☐ Utilities ☐ Property Taxes ☐ Insurance ☐ Other (Please specify): _____

Payments for IRA asset-related bills are made within 3 business days of receipt. *Mortgage payments are typically processed between the 19th and 22nd of the month before the monthly payment is due, unless alternate written instructions are submitted by the account holder.

3. PAYMENT INFORMATION

The checked expense types will be paid upon receipt of invoice. Invoices should be submitted to our Asset Maintenance Department at Maintenance@mwira.com for processing. Payment will be issued according to the invoice. If the required payment information is not included on the invoice, we will reach out to confirm payment information. Verbal Verification is required for payments of $2,000.00 or more. Verbal verification is required for Property Tax Payments of $3,000.00 or more.

4. DELIVERY INSTRUCTIONS

Payment is issued via check and mailed regular mail after our three business day processing time. If payment should be issued via wire or ACH, please reach out to our Asset Maintenance Department to provide the necessary information.

5. SIGNATURE & ACKNOWLEDGMENT

I understand that my account is self-directed and that the Administrator and/or Custodian will not review the merits, legitimacy, appropriateness and/or suitability of any investment in general, including, but not limited to, any investigation and/or due diligence prior to selling any investment, or in connection with my account in particular. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and the Administrator and/or Custodian have not provided any advice with respect to the investment set forth in this Payment Authorization Letter. I understand that it is my responsibility to conduct all due diligence, including, but not limited to, search concerning the validity of the title, and all other investigation that a reasonably prudent investor would undertake prior to making any investment. I understand that neither the Administrator not the Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), or any applicable federal, state, or local laws, including securities laws.

I understand that it is my responsibility to review any investments to ensure compliance with these requirements. I understand that no one at Mountain West IRA, Inc. or any of its licensees has authority to agree to anything different than my foregoing understandings of Mountain West IRA, Inc. policy. I understand that the administrator is not a fiduciary for my accounts as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state, or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified, or otherwise in compliance with ERISA, the IRC, or any other applicable federal, state or local laws. I also understand and agree that the administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing the Administrator and/or Custodian to complete this transaction as specified above. I confirm that the decision to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator and/or Custodian of my account under the foregoing hold harmless provision. I understand that no one at Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of Administrator's and/or Custodian's policy. If any provision of this Payment Authorization Letter is found to be illegal, invalid, void, or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force an effect. For purposes of this Payment Authorization Letter, the terms Administrator and/or Custodian include Mountain West IRA, Inc., its agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners. I declare that I have examined this document, including accompanying information and to the best of my knowledge and belief, it is true, correct, and complete.

Payments will not be processed if the account has insufficient funds. If fees are being deducted from your account, the full payment amount plus applicable fees must be available before the transaction will be processed.

Signature*: _____ Date*: _____

Please read the disclosure above the signature line before signing and dating.

PAYMENT AUTHORIZATION LETTERS (PALs) EXPIRE ONE YEAR FROM THE DATE SIGNED.